Delbert Hosemann SECRETARY OF STATE

Check here if above is different from previous report January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016)	REPORT OF RECEIP SIAND DISBURSEMENTS 20 Annua Report Name of Candidate Report Address 2307 Mach New King Robinty Hinds Telephone 601-969-3040 Fax 601-355-4707 Capitol Office Office Sought District C7 Email Address Ebowks Aw & Aw), Company of the Company o
ites, excluding judicial candidates on the November 2016 General Election ballot.	JAN 5 1 2017 Capitol Office Capitol Office

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

> obligations Required to terminate reporting

IMPORTANT

- 3 period. Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting
- 2 Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- 3 The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	itemized =	This Period	Year-To-Date
Total amount of contributions \$ 2	1250 as	0	\$ 1,270,00	\$ 1.250, w
Total amount of disbursements	1,700 +\$	9	\$ 1.700°C	* 700° E
Total amount of cash on hand	, ,	VI)	\$	
I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete $ 1/31/17 $	this report and t	o the best of my kr	nowledge and belief it is true $1/3/$, accurate, and complete.
Signature of Candidate			Date /	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
 Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
 Candidates for municipal office file all required report with the Municipal Clerk's Office.

Reporting period SAA	Name of Candidate or Committee
2016 through_	THE ON
Dec 31, 2016	Rex

ITEMIZED DISBURSEMENTS

A, Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
Cit. Cit. 71. Cit.	#1011	8
City, State, zip Code	//	ક્ક
	Aggregate Year-to-date	ક
Friends Oprol	Date (Mo., Day, Year)	Amount of each disbursement this period
Spring Strains 911 Spring St	10/12/16	\$ 200, ⁶
Sily, saire, Elphone ARUSAI MS 3927		\$
rulpose of Dispursement (Optional)	Aggregate Year-to-date	S
Triends of hateing worthprail	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code 450 Figh State	10/12/16	\$ 5000°
Purpose of Dishursement (Ontional) MS 3520)	//	€
D Full come	Aggregate Year-to-date	€9
triens of the Kitchers	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code USO High S	A/121/01	\$ 1,000°
Purpose of Dishurson MS 3920	/	69
E Full name	Aggregate Year-to-date	5A
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City State 7in Code	//	S
City, craise, Lip code	/	S
E Eull page of Disputsement (Optional)	Aggregate Year-to-date	S
Mailing Addross	Date (Mo., Day, Year)	Amount of each disbursement this period
City State 7 in Code	//	S
ory, state, tip sout		\$
rurpose or Dispursement (Optional)	Aggregate Year-to-date	S

Q	0.747 ×	Paga	j	
				ATTENDED TO
	Ξ	2	•	
				passacatas.

EMZED RECEIPTS Date Date	Aggregate \$ year-to-date	Name of Employer (Required) (CSC) (BDC) Occupation (Required)
Com Date Mo., Day, Year) Mo., Day, Year Mo., Da	1	tere form Association
RECEIPTS RECEIPTS Mo., Date (Mo., Day, Year)		Individual
RECEIPTS Date (Mo., Day, Year)		Name of Employer (Required) Coccupation (Required)
Date Date Mo., Day, Year) MS Date D		1 E CAPITO ST ST. 12 (APT ST 1
RECEIPTS RECEIPTS Mo., Day, Year)	91/U	Full name ATTY Mailing Address
EMZED RECEIPTS Date Mo., Day, Year)		Individual
EMZED RECEIPTS Date (Mo., Day, Year)		ກ (Required)
EMPZED RECEIPTS Mo., Date (Mo., Day, Year)	\$	Name of Employer (Required)
EMZED RECEIPTS Note Date (Mo., Day, Year)	\$	Mailing Address On Box 4079 City. State. Zip Code
Date Mo., Day, Year)	76	Full name MS POWER PAC
EMIZED RECEIPTS Mo., Day, Year)		Individual [
EMIZED RECEIPTS Mo., Day, Year) Mo., Day, Y		Occupation (Required)
EMIZED RECEIPTS Notition Date Mo., Day, Year)		
EMIZED RECEIPTS Coan Date (Mo., Day, Year)		(
EMIZED RECEIPTS Notividual Loan Date (Mo., Day, Year)	17 8	Idress DO
ITEMZED RECEIPTS		Waividual
ullough.	-	ITEMZED RE
	VI:	rough

Page	
	-
) to	
-	A STATE OF THE PARTY OF THE PAR

<u> </u>	Reporting period the things the second secon	Name of Candidate or Committee
=		
\geq		
ZED	 □ □	
	throug	
	gh	
刀		
$\overline{\Omega}$		
ECE		
U		
$\vec{-}$	Ī	1 1
(\mathcal{L})		

\$	Aggregate year-to-date	Occupation (Required)
4	1 /1 /1	
•	-	Name of Employer (Required)
€		City, State, Zip Code
\$		
	Annual Annual Annual	Mailing Address
49		Full name
this period	(Mo., Day, Year)	Other (please specify)
Amount of each receipt	Date	D. Source: Corporation PAC Individual Loan
*	Aggregate year-to-date	Occupation (Required)
4		
4		Name of Employer (Required)
\$		City, State, Zip Code
\$		Mailing Address
*		u. name
this period	(Mo., Day, Year)	Other (please specify)
Amount of each	Date	C. Source Corporation PAC Individual Loan
### Table 1	Aggregate year–to-date	Occupation (Required)
45		
	market and a second a second and a second and a second and a second and a second an	Name of Employer (Required)
\$		City, State, Zip Code
#	I management of the second of	maining Audress
4		
A		Full name
this period	(Mo., Day, Year)	Other (please specify)
Amount of each	Date	B. Source: Corporation PAC Individual Loan
\$	Aggregate year–to-date	Occupation (Required)
\$		Name of Emproyer (Nequired)
		Name of Casalana (Donalana)
•		City, State, Zip Code
-	422	
portional contraction and an assessment of the contraction of the cont	- Address - Addr	Mailing Address
\$		Full name
this period	(Mo., Day, Year)	Other (please specify)
Amount of each	Date	A. Source: Corporation PAC Individual Loan

age	
<u>약</u>	

TEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	/	56
Purpose of Disbursement (Optional)	Aggregate Year-to-date	₩
B, Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	/	9
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	/	50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	⇔
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/	⇔
City, State, Zip Code	//	⇔
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$